

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

Gogo Tribe of Tanzania
DENIS MARINGO, A-7483831

Plaintiff's name and ID Number

UNITED STATES COURTS
SOUTHERN DISTRICT OF TEXAS
FILED

SEP 18 2007

CCA Houston Processing Center (ICE custody)

Place of Confinement

GOGO Tribe of TANZANIA (Through its
v. member/Agent Denis Maringo)

MICHAEL N. MILBY, CLERK OF COURT
CASE NO. 4:07 cv 3087
(Clerk will assign the number)

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

Google Corporation of Mountain View, CA

Defendant's name and address

I, DENIS MARINGO, declare, depose, and say I am the Plaintiff in the above entitled case. In support of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state because of my poverty, I am unable to pay in advance the filing fee for said proceedings or to give security for the filing fee. I believe I am entitled to relief.

I, further declare the responses which I have made to the questions and instructions below are true.

1. Have you received, within the last 12 months, any money from any of the following sources?

a. Business, profession or from self-employment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Rent payments, interest or dividends?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance payments?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. Gifts or inheritances?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e. Family or friends?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
f. Any other sources?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

If you answered YES to any of the questions above, describe each source of money and state the amount received from each during the past 12 months.

Detention law librarian (Detainee worker \$1.00/day) +
Nominal assistance from charitable individuals (Average \$20-30 month)

2. Do you own cash, or do you have money in a checking or savings account, including any funds in prison accounts?

Yes ☐

No ☒

If you answered YES, state the total value of the items owned.

3. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property,

Yes ☐

No ☒

If you answered YES, describe the property and state its approximate value.

I understand a false statement in answer to any question in this affidavit will subject me to penalties for perjury. I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct (28 U.S.C. §1746).

Signed this the 09/12/ day of 2007, 19__.

[Signature] number/representative for Gogo Tribe of
Signature of Plaintiff ID Number TANZANIA

**YOU MUST ATTACH A CURRENT SIX (6) MONTH HISTORY OF
YOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE
APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE
LAW LIBRARY AT YOUR PRISON UNIT.**

REQUEST FORM

FORMA DE SOLICITUD

To/Para:

Mr. Powers / L-Gilmore

Date/Fecha:

07/04/07

Subject/Auto:

Please verify for me balance (Account balance for AS CURRENT and also AVERAGE MONTHLY AVERAGE for the past 6 months. (AT pg. 3 of the attached)

Thank you.

NB. The second form has a different format (and confusing - just put the verification anywhere in that form.) with asterisk (*)

Dennis Maringo

Detainee's Name/Nombre del Detenido (print)

A#

79483831

Adrian

Nationality/Nacionalidad

Dorm#

B2-71

Response/Constestacion:

Balance is .84¢ as of 7-6-07 - average monthly - is 13.17. - see attached.

Official's Signature/Firma de Oficiales

muri

Date/Fecha

7-6-07

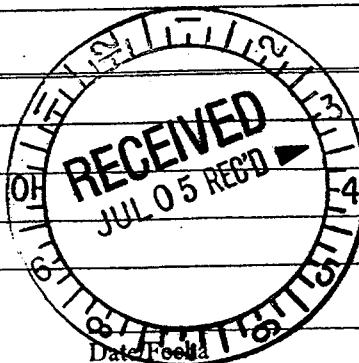
If response is unsatisfactory, check below and resubmit this form for review by the Facility Administrator. Si la respuesta no es satisfactoria, ponga una cruz abajo y vuelva a someter esta forma para que el administrador de esta institucion lo revise.

[] Please review/Revise por favor.

Signature/Firma

Date/Fecha

Response/Contestacion:



Administrator's Signature/Firma Del Administrator

Date/Fecha